

**BOSTON INSPECTIONAL SERVICES DEPARTMENT  
1010 MASSACHUSETTS AVENUE  
BOSTON, MA. 02118  
(617) 635-5326**

**APPLICATION FOR A PERMIT TO OPERATE A MOBILE FOOD VEHICLE OR PUSHCART  
ANSWER ALL QUESTIONS IF NOT APPLICABLE WRITE N/A**

CIRCLE ALL WHICH APPLY TO YOUR BUSINESS  
VEHICLE (S) #\_\_\_ PUSHCART (S) #\_\_\_

SELL: FROZEN DESSERT/YOGURT/ICE CREAM/ OR MILK  
MANUFACTURING: FROZEN DESSERT/YOGURT/ICE CREAM (SOFT SERVE)

NAME OF VEHICLE/PUSHCART \_\_\_\_\_

BASE OF OPERATION \_\_\_\_\_  
STREET CITY STATE & ZIP

VERIFICATION LETTER FROM LICENSED COMMISSARY OR ESTABLISHMENT YES\_\_\_ NO\_\_\_

NAME OF OWNER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
STREET CITY STATE & ZIP

BUSINESS PHONE NUMBER \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

SIGNATURE OF OWNER \_\_\_\_\_ SSI# OR FEDERAL I. D. \_\_\_\_\_

EMERGENCY RESPONSE PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_

**LOCATION IN THE CITY (BE SPECIFIC)**

**STREET NAMES & SECTION OF THE CITY**

**DAYS AND TIMES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HANDWASHING AND TOILET FACILITIES ARE AVAILABLE AT \_\_\_\_\_

**FOOD PRODUCTS TO BE SOLD**

**SOURCE OF FOOD PRODUCTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAKE & YEAR OF VEHICLE \_\_\_\_\_ STATE OF REGISTRATION \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

**IF YOU ARE A CORPORATION OR PARTNERSHIP, PLEASE COMPLETE THE FOLLOWING:**

NAME & TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

NAME & TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

DAYS AND HOURS OF OPERATION \_\_\_\_\_

**IF YOU MANUFACTURE FROZEN DESSERT/ICE CREAM PLEASE COMPLETE THE FOLLOWING:**

WHOM IS THE MIX PURCHASED FROM/NAME OF COMPANY \_\_\_\_\_

IS THE MIX PASTEURIZED? YES \_\_\_\_\_ NO \_\_\_\_\_ NUMBER OF REFRIGERATORS/FREEZERS \_\_\_\_\_

ARE YOU AWARE OF THE REGULATIONS REGARDING THE SUBMISSION OF MONTHLY LAB REPORTS? YES \_\_\_ NO \_\_\_

